AMENDMENT TRANSMITTAL FORM

In re application of: David G. L. Holt) Before the Examiner
U. S. Serial No.: 10/069,321 [816201]) Jacqueline V. Howard
Filed: February 19, 2002)
For: CRYSTAL FORMATION INHIBITION IN) Confirmation Number: 7817
LUBRICATING COMPOSITIONS) Group Art Unit: 1764
) Family Number: P1999S004
Commissioner for Patents	
P.O. Box 1450	
Alexandria, Virginia 22313-1450	

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents facsimile number 1-703-872-9310 on the date shown below.

KATHLEEN A. KUNA

Signature

JANUARY 7,

Date

Type or print name of person signing certification

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ 950.00 to extend the time for filing this response until JANUARY 9, 2004.

The fee for any changes in number of claims has been calculated as shown below.

(1)	(2)	(3)	LAIMS AS AMENDED (4)	(5)	(6)	(7)
	Claims Remaining After Amendment	(*)	Highest Number Previously Paid For	Present Extra	Rate	
Total Claims	+ 50	Minus	** 20	30	x 18.00	540.00
Indep. Claims	* 2	Minus	*** 3		x 86.00	
MULTIPLE	DEPENDENT CLAIM FE	E	-		\$290.00	
			FI	E FOR CLAIN	A CHANGES	540.00

The total fee for this AMENDMENT, including claim changes and any extension of time is calculated to be \$1,490.00.

X Charge \$1,490.00 to Deposit Account No. 05-1330.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

Date of Signature

Post Office Address: [to which correspondence is to be sent]

ExxonMobil Research and Engineering Company

P. O. Box 900

Annandale, New Jersey 08801-0900

Attorney or Agent/of Record

NORBY L. FOSS

Registration No. 47,571

Pursuant to 37 CFR 1.34(a)

Facsimile Number: (908) 730-3649

1/7/2004

ALLOCCA:kak

PATENT TRADEMARK OFFICE

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.